

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 6 1943

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 34919
 Do not use this space.

1. PLACE OF DEATH

County HITCHISONRegistration District No. 4

File No. _____

Township _____

Primary Registration District No. 4012Registered No. 3City ROCK PORT (No. _____)

St. _____

Ward 12. FULL NAME WILLIAM LEROY BROWN(a) Residence, No. 1

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

D

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9-8-1943

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ROCK PORT MO

FATHER

13. NAME

FRANK BROWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FAIRFAX MO

MOTHER

15. MAIDEN NAME

EDNA PERRY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

WATSON MO

17. INFORMANT (ADDRESS)

Frank Brown, Rock Port, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE SMITHDATE 9-11

1943

19. UNDERTAKER (ADDRESS)

Geoff Bartholomew, Rock Port, Mo

20. FILED

9/11

1943

Mrs. Robert Townsend

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-10

1943

22. I HEREBY CERTIFY, that I attended deceased from

Aug. 8 1943 to Aug. 10 1943I last saw him alive on Aug. 9 1943 Death is saidto have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Idiopathic Anuria

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1943

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Chas. T. Settle M. D.

(Address)

Rock Port, Mo

